

GUIDELINES FOR USING THE IPAA MONITORING FRAMEWORK

Indicators for
measuring the national
response to HIV/AIDS

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1. Introduction

The attached “Format for Monitoring the National Response to HIV/AIDS” has been developed through a broad consultative process¹ for monitoring the progress and performance of the national HIV/AIDS response to IPAA objectives.

The purpose of the guidelines is to assist those who are responsible at country level for collecting and collating data and information.

The framework consists of:

- (a) The four overall IPAA objectives:
 - *A Scaled-up Response*: Enhanced, accelerated and sustained political, societal and financial commitment of all constituencies.
 - *A Coordinated Response*: Strong coordination mechanisms and high-level government leadership in the framework of a commonly agreed action plan.
 - *An Efficient and Effective Response*: Efficient and effective use of human, institutional and financial resources to implement the NSP.
 - *A Supported Response*: Effective cooperation mechanisms to access high quality institutional and technical support and to share strategic information.
- (b) Thirteen expected outputs, which are linked to the four objectives (objective 1 with 4 outputs, objective 2 with 3 outputs, objective 3 with 4 outputs and objective 4 with 2 outputs).
- (c) A cluster of quantitative and qualitative indicators (3 to 7 for each output) to measure the progress and performance for each of the outputs.
- (d) Type of value for each indicator, a column for rating overall performance for each output and indicative source of information for each indicator.

2. A Monitoring Framework for the Organisational Response

This is not a comprehensive monitoring framework for all aspects of the national response to HIV/AIDS. It seeks to capture what goes beyond epidemiological information and provision of services *by focusing on national processes of organising a response to HIV/AIDS*.

All outputs and indicators, however, are relevant to and should be part of the national M&E framework, e.g. national M&E Units should in the future collect data and information for all indicators on a regular basis. The new Country Response Information System (CRIS) - being established by UNAIDS at global level - covers a much broader range of indicators than required for IPAA monitoring. All indicators in the attached format are, however, also included in CRIS. Efforts are also underway to harmonise the indicators with World Bank funded MAP projects. The ultimate aim is to develop a set of common indicators for national monitoring of the HIV/AIDS

¹ A draft framework was first presented at an IPAA stakeholder meeting in Pretoria April 2001. The revised version was field tested in Ghana and Tanzania August 2001 and finalised in a meeting in Senegal October 2001.

epidemic – with modules covering information needs for all donor funded programmes and projects.

This work builds on the “Guide to Monitoring and Evaluation of National AIDS Programmes” (UNAIDS 2000) and other initiatives for harmonising indicators for monitoring and evaluation systems.

3. Type of Indicators

The framework consists of both quantitative and qualitative indicators. The *quantitative indicators* seek to provide basic information about profile of the national response and most of the indicators require only yes/no answers. It is important to establish whether a national HIV/AIDS policy exists, the scope of representation in NACs, existence of a multi-sectoral policy-making body, a national strategic plan and types of coordination mechanisms, etc.

Some of the quantitative indicators require absolute numbers – financial commitments and expenditures, number of people attached to various organisations and availability and accessibility of commodities (condoms and drugs). Some indicators are also using percentages, but relative values build on absolute numbers.

Yes/no indicators do not capture incremental change or anything about quality, processes and performance. It is critical for a country to have a policy on HIV/AIDS, but is the policy supported and owned by key national stakeholders and does it have the characteristics of a “good” policy? Hence, *qualitative indicators* are required to measure perceptions and processes of change over time – like evidence of increase in commitment, continuous policy dialogue, quality of plans, effective collaboration, etc. Most of those indicators build on people’s subjective perceptions, but they are not less important than “hard” facts. How people react and perceive processes and events – reflect important realities and influence effectiveness of the national response.

4. Availability and Sources of Data and Information

The field-testing showed that there is a lack of data in countries for several of the indicators, and data is not collected regularly. A lot of information is also not systematised and used for monitoring and planning purposes. Countries are, however, in the process of establishing National M&E Units (in NACs), which will lead to a strengthening of data collection in the next few years.

The monitoring framework should only use existing sources of information. IPAA is not a programme or organisation that will establish new data collection systems. On the other hand, efforts could be made to strengthen, improve and expand existing data collection mechanisms by adding some indicators – often to a marginal cost.

Yes/no indicators

Most of the information is easily available for all yes/no indicators. A well-informed person in a NAC should be able to provide most answers in a short period of time.

Indicators with absolute number and percentages

The most difficult indicators are those requiring exact information about financial commitment and expenditure at national and district level - including data on how much resources come from what donors to where and what type of activities. Data about availability and accessibility of commodities (like condoms and drugs) are also scarce. National M&E Units will need to collect such data with technical support from consultants and/or donors. In cases where reliable aggregate national data is not available (e.g. annual government funds allocated to HIV/AIDS) – proxy indicators should be used for some sectors, channels, major programmes or donors in order to measure change from one year to the next.

Process indicators - API

All process indicators require a survey instrument – a tool to collect information about perceptions from a group of people. The same tool should also be used consistently in all countries. What are needed is a set of standard questions, criteria for selecting respondents and a system to collect information from a sample of respondents.

At the moment, there is only one such tool available and in use - the UNAIDS “AIDS Programme Efforts Index” (API). It is suggested to use this tool for all process indicators. API is a composite indicator – composed of a number of individual items grouped in key categories in order to measure level of national efforts (political support, policy formulation, organisational structure, programme resources, M&E, legal and regulatory environment, etc.) and international contribution to that effort. The API was applied to 40 countries in 2000.

The Index is based on an approach where a group of knowledgeable individuals score approx. 100 items (statements like “High-level national government support exists for effective policies and programmes”) on a scale from 0-5. The item scores are averaged to produce a category score that does not depend on the number of items in the category. The score forms a profile describing the programme efforts of each country.

API is implemented in a country by national consultants – selecting 15-25 respondents with a variety of backgrounds. The national consultant should preferably be independent from Government and donors, e.g. working for a University, research institute or consulting firm. The IPAA Secretariat in collaboration with the Policy Project should arrange for common training of national consultants in order to harmonise use of the instrument and interpretation of the results. The group of respondents are not meant to be a representative sample, but selected for their knowledge and experience in different areas of society.

Country responses are later collected, systematised and analysed by the Policy Project (USAID) and UNAIDS. Not all indicators in the IPAA framework are included. It is thus suggested to expand the number of items in API to cover all IPAA relevant indicators.

Systems and procedures for collecting data and information using API need to be strengthened. The criteria for selecting a purposive sample of respondents should be clear and applied strictly across countries. We suggest a sample of 35 respondents. The following groups of respondents should be included:

- (a) Government (max 10)
 - NAC (Chair)
 - NACP
 - MOH
 - MOE
 - Military
 - Others
- (b) Donors (max 10)
 - Theme group chair
 - Major bi-/multilateral donors (HIV/AIDS focal points)
 - Representatives of large donor-funded projects
- (c) Private sector (max 5)
 - Private sector forum (Chair)
 - Large commercial enterprise with active work place programmes (HIV/AIDS focal points).
 - Unions
- (d) Civil society organisations (max 10)
 - People living with HIV/AIDS
 - Major NGOs involved in HIV/AIDS prevention, human rights and advocacy.
 - Faith based organisations.
 - Journalists.
 - Medical associations

5. Who Should Collect Information?

All countries are part of IPAA and expressed a commitment to its implementation. Countries form a partnership together with donors, private sector and civil society. IPAA is not a programme or organisation with resources and mandate to establish a separate monitoring and reporting system. On the other hand, there is a need for monitoring and evaluation progress and performance on all IPAA objectives and outputs. In practice, they correspond to regular processes taking place in all countries being part of IPAA. Monitoring IPAA objectives falls in line with what any country will have to do through their national M&E systems (in NACs). Since such M&E Units and systems are still weak, special efforts may be required for an interim period.

Responsibility for global coordination of IPAA efforts rests with a Secretariat in UNAIDS Geneva. On behalf of the Partnership this Secretariat will send out a request for an annual IPAA progress report from each country - including the monitoring framework and indicators. This Secretariat will also systematise and present a global progress report for all countries involved in IPAA highlighting important trends and lessons learned.

It is not feasible to suggest one system for collecting data and information in all countries, but each country needs a strong system with clear responsibilities - an agency responsible for coordinating the reporting process (initiating the work and submitting the final report) and an implementing agency collecting data and information. One possibility is to use the same consultant doing the API survey – for the entire reporting process in an interim period.

We suggest that the IPAA Secretariat requests NACs in all countries to establish a system and procedures for data collection and reporting - building on country capacities - in close consultation with Theme Groups. Country CPAs should be requested to facilitate and support the process if required. Each country should present and explain needs for extra resources in order to meet the requirements for strengthening the API data collection and other additional surveys.

All country reports should be presented and discussed by national Theme Groups in order to validate data and findings.

6. When Should Data be Collected?

We are talking about a regular annual reporting process – meaning that data and information should be collected from previous year, e.g. in 2001 data is collected for the year 2000 and the report is prepared for the same year. This is also the case for all process indicators. We are searching for people's perceptions and reactions from previous year and over time be able to see changes.

Each country should submit their annual report to the IPAA Secretariat not later than 1 October (???) every year.

7. Performance Measurement and Rating

It is difficult to measure progress and performance of IPAA objectives and outputs. The following are some recommendations for the reporting process:

(a) Time series data is required to detect and measure change.

Information from one year is not enough. Similar data sets needs to be collected for several years in order to detect and measure change. In terms of reporting, IPAA would like progress information from last year, e.g. all the data and scores refer to last year (e.g. in 2001 the report is for 2000) Ideally, data and information should be collected also for previous years (e.g. 1998 and 1999) in order to see changes, but there will be serious data gaps. In practice, we may have to be patient and gradually build up time series data for an increasing number of indicators.

(b) Monitoring should focus on trends and relative change over time.

The monitoring system should capture trends and incremental change. It will most likely be difficult to obtain absolute numbers. This is why the time period for collecting data and reporting should be specified.

(c) Descriptive information is needed.

Indicators capture only the tip of an iceberg and will not provide sufficient rich information about the national response. In addition to numbers and percentages, IPAA country reports need a descriptive and analytical part.

(d) Performance rating allows cross-country comparison.

IPAA covers a large number of countries in Africa and progress and achievements need to be aggregated for all countries. The aim is to standardise indicators across countries, use them consistently over several years in order to obtain comparable information. Yes/no indicators represent no serious problem. Absolute numbers are

difficult to compare across countries. API process indicators can be compared, but they are most useful in detecting change from one year to the next on important variables.

In addition to using and collecting information about individual indicators, the monitoring format suggests a performance rating system at output level. Each output is measured through a cluster of quantitative and qualitative indicators. This is based on the assumption that several indicators are required for measuring an output. "Strengthened policy response to HIV/AIDS at national level" for instance will not be captured by one indicator only, but a flexible group of indicators measure performance from various perspectives - providing a broader and richer picture. An indicator in isolation (existence of a national HIV/AIDS) is also less informative than the broader output. Based on values of each indicator in a cluster, an output performance rating should therefore be carried out - with values from 0 to 3 - with 0 as a low performance and 3 as the maximum. The purpose of using four values is to avoid an average of 2,5. People are forced to use either 1 or 2

The same person(s) collecting the data should suggest a rating. It is a subjective element in ratings, but the selection of values are guided and informed by a number of indicators. If all indicators show a positive performance, rating of output performance cannot be negative. A system for weighing the various indicators in a cluster is not suggested. A well-informed person should carry out the rating and it is suggested to discuss the findings in the National Theme Group before submitting the report.

The rating may be used at country level to discuss progress and achievements - in particular from one year to the next. At global level the ratings should not be used to compare performance between countries, e.g. that Tanzania is doing much better than Ghana as an IPAA country. It is much more useful and relevant to establish in how many countries there has been an increase or decrease in specific IPAA outputs, like national policy response, broadening of partnerships, increase in financial resources, better geographic coverage, strengthened government leadership.

8. Clarification of Indicators

It is important that indicators are clearly understood by users in all countries. Some of the indicators are also relatively easy to understand and the chances that they will be used with the same meaning are high. Others are broad and can be interpreted differently - in particular the process indicators, but even the indicators requiring absolute numbers.

The attached table (Annex 2) provides clarification of some of the more difficult indicators. The ideal is not to standardise the national response and only accept certain manifestations of commitment, involvement, collaboration, etc. Each country will have its own expressions of such outputs.

Annex 1: Format for Monitoring the National Response to HIV/AIDS

OBJECTIVE 1. A SCALED-UP RESPONSE: Enhanced, accelerated and sustained political, societal and financial commitment of all constituencies.				
Output	Suggested Indicators	Value	Rating	Source of information
1. Strengthened policy response to HIV/AIDS at national level	Quantitative indicators: a) Existence of national HIV/AIDS policy b) Existence of HIV/AIDS sector guidelines in sectoral ministries: - MOH - MOE - List all ministries Qualitative indicators: c) Evidence of continuous policy dialogue on HIV policy d) Evidence of review of sectoral (non-AIDS) policies in light of their impact on HIV/AIDS e) Evidence of dissemination of policy guidelines to stakeholders at all levels	Yes/no Yes/no Yes/no 0-3 0-3 0-3	0-3	(a) National AIDS Policy Document (b) Respective Ministries (c) Stakeholder survey (API) (d) Stakeholder survey (API) (e) Stakeholder survey (API)
2. Broadened range of partners participating in the national response	Quantitative indicators: a) Representation of stakeholder groups in national multi-sectoral HIV/AIDS policy making body - Private sector - NGOs - People living with HIV/AIDS - Faith based organisations b) No. of bilateral agencies contributing to the national response c) No. of multilateral agencies contributing to the national response d) Percent of 30 largest employers with a workplace programme in place Qualitative indicators: e) Evidence of increased involvement from private sector f) Evidence of increased involvement from NGOs and faith based organisations g) Evidence of increased involvement from bi-/multilateral agencies	Yes/no Yes/no Yes/no Yes/no X X % 0-3 0-3 0-3	0-3	(a) NAC (b) Donor group (c) Donor group (d) Private sector forum (e) Stakeholder survey (API) (f) Stakeholder survey (API) (g) Stakeholder survey (API)

3. Increased financial resources allocated to HIV/AIDS (commitments)	<p>Quantitative indicators:</p> <p>a) Annual government funds allocated to HIV/AIDS (including loans)</p> <ul style="list-style-type: none"> - National HIV/AIDS budget line (Treasury) - NACP budget (MOH) - Other ministries (list relevant ministries) <p>b) International funds allocated to HIV/AIDS from bi/multilateral donors</p> <p>c) Annual funds to HIV/AIDS from NGOs</p> <p>d) % of national budget allocated to health sector</p> <p>Qualitative indicators:</p> <p>e) Evidence of increased government allocations to HIV/AIDS</p> <p>f) Evidence of increased allocations from bi/multilateral donors</p> <p>g) Evidence of increased allocations from NGOs/faith based organisations</p>	<p>X</p> <p>X</p> <p>X</p> <p>X</p> <p>X</p> <p>%</p> <p>0-3</p> <p>0-3</p> <p>0-3</p>	<p>0-3</p>	<p>(a) NAC</p> <ul style="list-style-type: none"> - Treasury - NACP - NAC <p>(b) Donor group</p> <p>(c) NGO forum</p> <p>(d) MOH</p> <p>(e) Stakeholder survey (API)</p> <p>(f) Stakeholder survey (API)</p> <p>(g) Stakeholder survey (API)</p>
4. Increased geographic coverage in the implementation of the strategic plan	<p>Quantitative indicators:</p> <p>a) % of national funds allocated to districts</p> <p>b) % of districts with HIV/AIDS committees</p> <p>c) % of districts with HIV/AIDS plans</p> <p>Qualitative indicators:</p> <p>d) Evidence of increased coverage of HIV/AIDS activities at district level</p> <p>e) Evidence of increased coverage of HIV/AIDS activities at community level</p>	<p>%</p> <p>%</p> <p>%</p> <p>0-3</p> <p>0-3</p>	<p>0-3</p>	<p>(a) Treasury, NAC</p> <p>(b) NAC, District Reports</p> <p>(c) NAC, District Reports</p> <p>(d) Stakeholder survey (API)</p> <p>(e) Stakeholder survey (API)</p>

OBJECTIVE 2. A COORDINATED RESPONSE: Strong coordination mechanisms and high-level government leadership in the framework of a commonly agreed action plan				
Output	Suggested Indicators	Value	Rating	Source of Information
1. Strengthened government leadership with assistance of all partners	Quantitative indicators: a) Existence of a national, multi-sectoral HIV/AIDS policy-making body ² b) Policy-making body chaired by Pres, VP, PM or equivalent c) Existence of a national, multi-sectoral HIV/AIDS management/coordination body ³ d) Budget of national, multi-sectoral HIV/AIDS management/coordination body. Qualitative indicators: e) Evidence of high-level national government commitment for policies and programmes f) Evidence of effective coordination by the Government	Yes/No Yes/No Yes/no X 0-3 0-3	0-3	(a) NAC (b) NAC (c) NAC (d) NAC (e) Stakeholder survey (API) (f) Stakeholder survey (API)
2. Improved national strategic planning	Quantitative indicators: a) Existence of national plan on HIV/AIDS b) Percent funding secured for implementation of national plan c) No. of sectoral ministries implementing their own HIV/AIDS plans Qualitative indicators: d) National strategic plan is technically sound ⁴ e) Evidence of involvement of all stakeholders in setting priorities and formulating policies	Yes/No % x 0-3 0-3	0-3	(a) NSP Document (b) NAC, Treasury (c) Respective Ministries, NAC (d) NSP document, NAC (e) Stakeholder survey (API)

² Such as National AIDS Council or other political body.

³ Such as a Secretariat to the National AIDS Council.

⁴ A “technically sound” national strategic plan includes a situation analysis, priorities for action, costed activities, time frame for implementation, milestones to monitor implementation and indicators for M&E.

3. Strengthened coordination within and between all stakeholders	<p>Quantitative indicators:</p> <p>a) The following groups have coordinating forums on HIV/AIDS:</p> <ul style="list-style-type: none"> - National NGOs/CBOs - Private sector companies - Church/faith groups - People living with HIV/AIDS <p>b) Partnership forum⁵ exists including the following groups:</p> <ul style="list-style-type: none"> - International donors - NGOs/CBOs - Faith based organisations - People living with HIV/AIDS <p>Qualitative indicators:</p> <p>c) Evidence of effective collaboration between all stakeholder groups</p>	<p>Yes/No</p> <p>Yes/No</p> <p>Yes/No</p> <p>Yes/no</p> <p>Yes/no</p> <p>Yes/no</p> <p>Yes/no</p> <p>Yes/no</p> <p>0-3</p>	<p>0-3</p>	<p>(a) NAC</p> <ul style="list-style-type: none"> - NGO forum - Private sector forum - Faith group forum - PLWHA forum <p>(b) NAC</p> <p>(c) Stakeholder survey (API)</p>
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⁵ The label "partnership forum" is used in some countries. In other countries it might be called "Expanded Theme Group". It is the participation of all the IPAA stakeholders, which is the defining element.

OBJECTIVE 3. AN EFFICIENT AND EFFECTIVE RESPONSE: Efficient and effective use of human, institutional and financial resources to implement the NSP.				
Output	Suggested Indicators	Value	Rating	Source of information
1. Increased human capacity developed	Quantitative indicators: a) No. of people working in national HIV/AIDS management/coordinating body b) No. of districts with HIV/AIDS focal points c) No. of HIV/AIDS focal points within sectoral ministries Qualitative indicators d) Evidence of HR development plans implemented for NAC and sectoral ministries	X X X 0-3 0-3	0-3	(a) NAC (b) NAC (c) NAC, Sectoral ministries (d) Stakeholder survey (API)
2. Harmonized M&E system developed for the implementation of the National Strategic Plan	Quantitative indicators: a) Existence of national M&E plan b) National M&E Unit is funded c) M&E reports are produced and disseminated Qualitative indicators: d) Evidence that M&E Unit is functioning effectively e) Evidence of harmonisation of M&E requirements among all key NSP stakeholders	Yes/No Yes/No Yes/no 0-3 0-3	0-3	(a) NAC, M&E Plan document (b) NAC (c) NAC (d) Stakeholder survey (API) (e) Stakeholder survey (API)
3. Reduced prices and increased, equitable availability of commodities	Quantitative indicators: a) % of retail and service-point outlets with condoms in stock (urban/rural) b) In-country prices of AIDS drugs (list: ARVs and medication for opportunistic infections) c) No. of condoms sold: - through social marketing outlets - distributed free of charge Qualitative indicators d) Evidence (esp. as perceived by PLWHAs) of increased drug availability and reduced prices for opportunistic infections e) Evidence of an effective system in place to monitor the availability of drugs for STIs and opportunistic infections	% x x x 0-3 0-3	0-3	(a) NAC, PSI (b) MOH (c) PSI & UNFPA (d) Stakeholder survey (API) (e) Stakeholder survey (API)

4. Efficient utilisation of financial resources	<p>Quantitative indicators:</p> <p>a) % of national expenditure against budget</p> <p>b) % of international assistance expenditure against budget</p> <p>c) % of national budget expenditure at district level</p> <p>d) No. of districts implementing HIV/AIDS plans (more than 50% of budget)</p> <p>Qualitative indicators</p> <p>e) Evidence that resources are used efficiently at all levels</p>	<p>%</p> <p>%</p> <p>%</p> <p>x</p> <p>0-3</p>	0-3	<p>(a) NAC, Treasury</p> <p>(b) Donor group, Treasury</p> <p>(c) NAC, District Reports</p> <p>(d) NAC, District Reports</p> <p>(e) Stakeholder survey (API)</p>
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OBJECTIVE 4. A SUPPORTED RESPONSE: Effective co-operation mechanisms to access high quality institutional and technical support and to share strategic information				
Output	Suggest Indicators	Value	Rating	Source of information
1. Widened technical support for the implementation of NSP	<p>Quantitative indicators:</p> <p>a) Number of national Technical Resource Networks(TRNs)</p> <p>b) Number of regional TRNs</p> <p>Qualitative indicators:</p> <p>c) Evidence of effective use of national TRNs</p> <p>d) Evidence of effective use of regional TRNs</p>	<p>X</p> <p>X</p> <p>0-3</p> <p>0-3</p>	0-3	<p>(a) NAC, donors, NGOs</p> <p>(b) NAC, donors, NGOs</p> <p>(c) Stakeholder survey (API)</p> <p>(d) Stakeholder survey (API)</p>
2. Information sharing system among all constituencies	<p>Quantitative indicators:</p> <p>a) Digital access on the part of national, multi-sectoral HIV/AIDS coordination body</p> <p>b) Existence of a documentation centre</p> <p>Qualitative indicators:</p> <p>c) Evidence of effective information dissemination from NAC to stakeholders</p> <p>d) Evidence of effective information sharing among stakeholders</p> <p>e) Evidence of effective information flow from international to national level</p>	<p>Yes/No</p> <p>Yes/no</p> <p>0-3</p> <p>0-3</p> <p>0-3</p>	0-3	<p>(a) NAC</p> <p>(b) NAC</p> <p>(c) Stakeholder survey (API)</p> <p>(d) Stakeholder survey (API)</p> <p>(e) Stakeholder survey (API)</p>

Annex 2: Clarification of Indicators

Objective 1: A Scaled up Response		
Output	Suggested Indicators	Comments
1. Strengthened policy response to HIV/AIDS at national level	<p>Quantitative indicators:</p> <ul style="list-style-type: none"> a) Existence of national HIV/AIDS policy b) Existence of HIV/AIDS guidelines in sectoral ministries <p>Qualitative indicators:</p> <ul style="list-style-type: none"> c) Evidence of continuous policy dialogue on HIV policy d) Evidence of review of sectoral (non-AIDS) policies in light of their impact on HIV/AIDS e) Evidence of dissemination of policy guidelines to stakeholders at all levels 	<ul style="list-style-type: none"> a) A document which provides overall direction and priorities. b) Sectoral guidelines based on national policy. List all ministries with such documents. c) E.g. public debate, meetings&seminars to discuss the policy. The extent to which it is perceived as a "living" document. d) Seeks to measure extent to which sectoral ministries take HIV/AIDS seriously and take action through regular meetings, amendments, etc. e) Extent to which the policy has been actively disseminated through consultations, meetings, media, etc.
2. Broadened range of partners participating in the national response	<p>Quantitative indicators:</p> <ul style="list-style-type: none"> a) Representation of stakeholder groups in national multi-sectoral HIV/AIDS policy-making body <ul style="list-style-type: none"> - Private sector - NGOs - People living with HIV/AIDS - Faith based organisations b) No. of bilateral agencies contributing to the national response c) No. of multilateral agencies contributing to the national response d) Percent of 30 largest employers with a workplace programme in place <p>Qualitative indicators:</p> <ul style="list-style-type: none"> e) Evidence of increased involvement from private sector f) Evidence of increased involvement from NGOs and faith based organisations g) Evidence of increased involvement from bi-/multilateral agencies 	<ul style="list-style-type: none"> a) Such a body has different labels – but most often National AIDS Councils or Commissions. b) No. of agencies funding HIV/AIDS projects. c) No. of agencies funding HIV/AIDS projects. d) Requires a list of companies and a system to collect information about those companies using their own or external funds for HIV/AIDS care and support activities. e) Are more companies addressing HIV/AIDS as an issue? Are they more actively involved than before, e. g. broadening the scope of their care and support programmes, using more resources, having HIV/AIDS as a priority and part of policy, etc. f) Are more NGOs and faith based organisations involved in HIV/AIDS? Are they more actively involved than before? For examples of involvement see e) above. g) Is HIV/AIDS a priority for an increasing number of donors? Are they more actively involved than before? For examples of involvement see e) above.

<p>3. Increased financial resources allocated to HIV/AIDS (commitments)</p>	<p>Quantitative indicators:</p> <ul style="list-style-type: none"> a) Annual government funds allocated to HIV/AIDS (including loans) <ul style="list-style-type: none"> - National HIV/AIDS budget line (Treasury) - NACP budget (MOH) - Other ministries b) International funds allocated to HIV/AIDS from bi/multilateral donors c) Annual funds to HIV/AIDS from NGOs d) % of national budget allocated to health sector <p>Qualitative indicators:</p> <ul style="list-style-type: none"> e) Evidence of increased government allocations to HIV/AIDS f) Evidence of increased allocations from bi/multilateral donors g) Evidence of increased allocations from NGOs/faith based organisations 	<ul style="list-style-type: none"> a) The ideal is to determine an aggregate national budget figure. If that is not feasible, collect information from various sources and compare increases/decreases from one year to the next. Make sure that the figures are comparable, e.g. include the same sources of funds each year. You may also list ministries with HIV/AIDS programmes – with budget figures. b) Data needs to be collected directly from donors. For donors providing sector- or programme support it would be necessary to make an estimate (%) of how much goes to HIV/AIDS. c) Two alternatives: Include budgets for all organisations in the National NGO HIV/AIDS forum or select a group of 10 "sentinel" organisations. The first is the better. d) This is a standard indicator for MOH. e) The three qualitative indicators are close to indicators 2 e, f and g under objective 1, but the financial aspects are here in focus. There is often a discrepancy between what agencies say and do.
<p>4. Increased geographic coverage in the implementation of the strategic plan</p>	<p>Quantitative indicators:</p> <ul style="list-style-type: none"> a) % of national funds allocated to districts b) % of districts with HIV/AIDS committees c) % of districts with HIV/AIDS plans <p>Qualitative indicators</p> <ul style="list-style-type: none"> d) Evidence of increased coverage of HIV/AIDS activities at district level e) Evidence of increased coverage of HIV/AIDS activities at community level 	<ul style="list-style-type: none"> a) If total national funds are not available, use a HIV/AIDS budget line in Treasury or one/more of sectoral ministries. b) Available from district reports. c) Available from district reports. d) Extent to which more HIV/AIDS activities are taking place at district level (scope and level of activities). e) This indicator is suggested only in countries capable of adding questions to existing surveys.

Objective 2: A coordinated Response		
Output	Suggested Indicators	Comments
1. Strengthened government leadership with assistance of all partners	<p>Quantitative indicators:</p> <ul style="list-style-type: none"> a) Existence of a national, multi-sectoral HIV/AIDS policy-making body b) Policy-making body chaired by Pres, VP, PM or equivalent c) Existence of a national, multi-sectoral HIV/AIDS management/coordination body d) Budget of national, multi-sectoral HIV/AIDS management/coordination body <p>Qualitative indicators:</p> <ul style="list-style-type: none"> e) Evidence of high-level national government commitment for policies and programmes f) Evidence of effective coordination by the Government 	<ul style="list-style-type: none"> a) Such as National AIDS Council/Commission or other political body. b) Does a person with significant political influence chair the body? c) Such as a Secretariat to the National AIDS Council. d) Funding of national and district projects should not be included – only funds related directly to the work of the body. e) Extent to which the government commit their own funds, provides political leadership and advocacy (e.g. speeches by the President, PM or ministers), etc. f) Is the Government perceived to take a pro-active lead in the national response vis-à-vis donors and national partners, e. g. inviting to meetings, acting on decisions taken, etc.
2. Improved national strategic planning	<p>Quantitative indicators:</p> <ul style="list-style-type: none"> a) Existence of national plan on HIV/AIDS b) Percent funding secured for implementation of national plan c) No. of sectoral ministries implementing their own HIV/AIDS plans <p>Qualitative indicators:</p> <ul style="list-style-type: none"> d) National strategic plan is technically sound e) Evidence of involvement of all stakeholders in setting priorities and formulating policies 	<ul style="list-style-type: none"> a) The purpose is to establish whether there is a plan or not. b) In most countries this will have to be an estimate. c) This indicator requires a qualitative assessment. Should include those ministries implementing more than 50% of their plans. 50% disbursement could be used as a proxy indicator. d) A "technically sound" national strategic plan includes a situation analysis, priorities for action, costed activities, time frame for implementation, milestones to monitor implementation and indicators for M&E. e) Seeks to measure level of participation and involvement of stakeholders in the planning process.
3. Strengthened coordination within and between all stakeholders	<p>Quantitative indicators:</p> <ul style="list-style-type: none"> a) The following groups have coordinating forums on HIV/AIDS: <ul style="list-style-type: none"> - National NGOs/CBOs - Private sector companies - Church/faith groups - People living with HIV/AIDS b) Partnership forum exists including the following groups: <ul style="list-style-type: none"> - International donors - NGOs/CBOs - Faith based organisations - People living with HIV/AIDS <p>Qualitative indicators:</p> <ul style="list-style-type: none"> c) Evidence of effective collaboration between all stakeholder groups 	<ul style="list-style-type: none"> a) A forum is established and it is functioning if it has a board and some activities in the last 12 months. b) The label "partnership forum" is used in some countries. In other countries it might be called "Expanded Theme Group". It is the participation of stakeholders, which is the defining element. c) Are there joint activities and consultation between stakeholders? Any common forums?

Objective 3: An Efficient and Effective Response		
Output	Suggested Indicators	Comments
1. Increased human capacity developed	<p>Quantitative indicators:</p> <ul style="list-style-type: none"> a) No. of people working in national HIV/AIDS management/coordinating body b) No. of districts with HIV/AIDS focal points c) No. of HIV/AIDS focal points within sectoral ministries <p>Qualitative indicators</p> <ul style="list-style-type: none"> d) Evidence of HR development plans implemented for NAC and sectoral ministries 	<p>It is difficult to measure human capacity development directly. The following are (relatively weak) proxy indicators.</p> <ul style="list-style-type: none"> a) No. of full-time equivalent professional staff. b) A Government officer with a specific responsibility for HIV/AIDS. c) A Government officer with a specific responsibility for HIV/AIDS. d) Seeks to measure extent to which human capacity development is taken seriously. Check guidelines, feedback from workshops and training, use of resources, etc.
2. Harmonized M&E system developed for the implementation of the National Strategic Plan	<p>Quantitative indicators:</p> <ul style="list-style-type: none"> a) Existence of national M&E plan b) National M&E Unit is funded c) M&E reports are produced and disseminated <p>Qualitative indicators:</p> <ul style="list-style-type: none"> d) Evidence that M&E Unit is functioning effectively e) Evidence of harmonisation of M&E requirements among all key NSP stakeholders 	<ul style="list-style-type: none"> a) A document with such a name. b) More than 50% of the budget is funded. c) The extent to which reports are produced and available to the five constituencies. d) This indicator seeks to express level and quality of activities of the Unit. e) Extent to which stakeholders (in particular donors) are using similar indicators, formats and M&E systems/requirements.
3. Reduced prices and increased, equitable availability of commodities	<p>Quantitative indicators:</p> <ul style="list-style-type: none"> a) % of retail and service-point outlets with condoms in stock (urban/rural) b) In-country prices of AIDS drugs (list: ARVs and medication for opportunistic infections) c) No. of condoms available: <ul style="list-style-type: none"> - through social marketing outlets - distributed free of charge <p>Qualitative indicators</p> <ul style="list-style-type: none"> d) Evidence (esp. as perceived by PLWHA) of increased drug availability and reduced prices for opportunistic infections e) Evidence of an effective system in place to monitor the availability of drugs for STIs and opportunistic infections 	<ul style="list-style-type: none"> a) PSI has standard procedures for collecting such data. b) If prices are changing during the year, use averages. c) See 3.2. in "National AIDS Program. A Guide to M&E". d) This will require a small survey among PLWHAs, associations and health staff. e) Same as d.

<p>4. Efficient utilisation of financial resources</p>	<p>Quantitative indicators:</p> <ul style="list-style-type: none"> a) % of national expenditure against budget b) % of international assistance expenditure against budget c) % of national budget expenditure at district level d) No. of districts implementing HIV/AIDS plans (more than 50% of budget) <p>Qualitative indicators:</p> <ul style="list-style-type: none"> e) Evidence that resources are efficiently utilised at all levels 	<ul style="list-style-type: none"> a) As mentioned under indicator 3 a (objective 1): If national aggregates are not available, use the suggested budget lines for Treasury and ministries and compare budgets with disbursement – which has to be used as a proxy for actual expenditure. b) Information should be collected directly from donors and in many cases estimates must be prepared. c) Again – compare budget figures with disbursement. d) Same. e) Extent to which resources are made available at district level and used for HIV/AIDS activities.
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